

TOWN OF DAVIE  
6591 S.W. 45 STREET  
DAVIE, FLORIDA 33314  
(954)797-1112

## HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

### APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: A Basket To Remember Assoc. Co.  
BUSINESS STREET ADDRESS: 13290 SW 16th Ct, Davie ZIP 33325  
BUSINESS MAILING ADDRESS: Same ZIP \_\_\_\_\_  
BUSINESS PHONE: (954) 370-0707  
DESCRIBE TYPE OF BUSINESS: Gift Basket - Internet  
BUSINESS IS: Corporation ☒ Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Robin Stepp</u>	<u>13290 SW 16th Ct</u>	<u>Davie</u>	<u>370-9765</u>
2. <u>Greg Stepp</u>	<u>"</u>	<u>"</u>	<u>"</u>

Federal ID Number or Social Security Number \_\_\_\_\_

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 02, and must be renewed before October 1st.

**This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.**

Robin Stepp Robin Stepp  
Print Owner or Officers Name and Title Signature of Owner or Officer

Office Use Only: Date <u>3/6/02</u> Category <u>01400</u> Fee Exempt per Sec. 13-13 _____ Fee <u>\$8.20</u> Rec# _____ New _____ Trans _____	
License # <u>0316446</u> Control # <u>13693</u>	Zoning <u>A-1</u>
Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____ Zoning Approval <u>AR</u> Date <u>3/1/02</u>	
Town Council Date _____ Approved _____ Denied _____	
Tabled To _____ Approved _____ Denied _____	
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____	

8/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION